Case 16-16196 Doc 1 Filed 05/12/16 Entered 05/12/16 16:49:07 Desc Main Document Page 1 of 54

| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| rt 1: Identify Yourself | | | |
|--|---|---|---|
| | About Debtor 1: | Abou | ut Debtor 2 (Spouse Only in a Joint Case): |
| Your full name | | | |
| Write the name that is on your government-issued picture identification (for example, your driver's | Shirley First name | First | name |
| license or passport). | Middle name | Midd | le name |
| Bring your picture identification to your meeting with the trustee. | Whiting- Bolling-Strong Last name and Suffix (Sr., Jr., II, III) | Last | name and Suffix (Sr., Jr., II, III) |
| All other names you have used in the last 8 years | •····································· | | |
| Include your married or maiden names. | Shirley Strong | | |
| Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-1274 | | |
| | Your full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Middle name Whiting- Bolling-Strong Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Shirley First name Whiting- Bolling-Strong Last name and Suffix (Sr., Jr., II, III) | About Debtor 1: About Polymory full name Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. Middle name Whiting- Bolling-Strong Last name and Suffix (Sr., Jr., II, III) All other names you have used in the last 8 years Include your married or maiden names. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number About Debtor 1: Shirley First name Whiting- Bolling-Strong Last name and Suffix (Sr., Jr., II, III) The provided Herbits of your Social Security number or federal Individual Taxpayer Identification number |

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Case number (if known)

Debtor 1 Shirley Whiting- Bolling-Strong

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | doing business as names | Dusiness name(s) | Dusiness name(s) |
| | | EINs | EINs |
| 5. | Where you live | | If Debtor 2 lives at a different address: |
| | | 12441 S Winchester Calumet Park, IL 60827 | |
| | | Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook | Over the second |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing | Check one: | Check one: |
| | this district to file for bankruptcy | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. |
| | | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

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Debtor 1 Shirley Whiting- Bolling-Strong

Case number (if known)

| Par | Tell the Court About | Your B | ankruptcy Ca | se | | | |
|-----|---|------------|----------------|---|---|--|----------------------|
| 7. | The chapter of the Bankruptcy Code you are | | | | of each, see <i>Notice Required b</i> f page 1 and check the appropri | ny 11 U.S.C. § 342(b) for Individuals Filing ate box. | for Bankruptcy |
| | choosing to file under | □с | hapter 7 | | | | |
| | | □с | hapter 11 | | | | |
| | | □с | hapter 12 | | | | |
| | | ■ C | hapter 13 | | | | |
| | | | | | | | |
| 3. | How you will pay the fee | • | about how yo | u may pay. Ty <mark>ր</mark> attorney is sub | pically, if you are paying the fee | eck with the clerk's office in your local cou yourself, you may pay with cash, cashier' chalf, your attorney may pay with a credit | s check, or money |
| | | | | | tallments. If you choose this op | tion, sign and attach the Application for In | ndividuals to Pay |
| | | | I request tha | t my fee be wa | aived (You may request this opt | ion only if you are filing for Chapter 7. By | |
| | | | applies to you | ır family size aı | nd you are unable to pay the fee | your income is less than 150% of the office in installments). If you choose this optior fficial Form 103B) and file it with your peti | n, you must fill out |
|). | Have you filed for bankruptcy within the | ■ No | | | | | |
| | last 8 years? | □ Ye | es. | | | | |
| | | | District | | When | | |
| | | | District | | When | Case number | |
| | | | District | | When | Case number | |
| 10. | Are any bankruptcy | ■ No | <u> </u> | | | | |
| | cases pending or being filed by a spouse who is not filing this case with | □ Ye | | | | | |
| | you, or by a business partner, or by an affiliate? | | | | | | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| | | | Debtor | | | Relationship to you | |
| | | | District | | When | Case number, if known | |
| 11. | Do you rent your residence? | ■ No | Go to li | ne 12. | | | |
| | | □Y€ | es. Has yo | ur landlord obta | ained an eviction judgment agai | nst you and do you want to stay in your re | esidence? |
| | | | | No. Go to line | 12. | | |
| | | | | Yes. Fill out Inbankruptcy pe | | n Judgment Against You (Form 101A) and | d file it with this |
| | | | | | | | |

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Debtor 1 Shirley Whiting- Bolling-Strong

Case number (if known)

| Par | t 3: Report About Any Bu | sinesses | You Own | as a Sole Propriet | tor | |
|-----|---|---|------------------|--------------------------------------|---|----|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to | Part 4. | | |
| | | ☐ Yes. | Name | and location of bus | siness | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | of business, if any | | |
| | If you have more than one sole proprietorship, use a | | Numb | er, Street, City, Stat | te & ZIP Code | |
| | separate sheet and attach it to this petition. | | Check | k the appropriate bo | x to describe your business: | |
| | | | | Health Care Busin | ness (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as d | efined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broke | er (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | e | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines. If you indicate that you are a small operations, cash-flow statement, and federal in 11 U.S.C. 1116(1)(B). | | | court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of ederal income tax return or if any of these documents do not exist, follow the procedure | |
| | For a definition of small | ■ No. | I am n | ot filing under Chap | oter 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am fi Code. | | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | |
| | | ☐ Yes. | I am fi | ling under Chapter | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | ٠. |
| Par | t 4: Report if You Own or | Have Any | Hazardo | us Property or An | y Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No. | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | |
| | of imminent and identifiable hazard to public health or safety? | □ 163. | What is t | the hazard? | | |
| | Or do you own any property that needs immediate attention? | | | liate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | s the property? | | |
| | | | | | Number, Street, City, State & Zip Code | |

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Debtor 1 Shirley Whiting- Bolling-Strong

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Shirley Whiting- Bolling-Strong Document Page 6 of 54 Case number (if known)

| Par | Answer These Quest | ions for Re | porting Purposes | | | | | |
|-----|---|-----------------------|--|---|--|--|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consu individual primarily for a personal | | ed in 11 U.S.C. § 101(8) as "incurred by an | | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | | ess debts? Business debts are debts the ent or through the operation of the busin | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe the | hat are not consumer debts or business | debts | | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter 7. G | So to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | | ou estimate that after any exempt prope ble to distribute to unsecured creditors? | rty is excluded and administrative expenses | | | |
| | administrative expenses | | □No | | | | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | | | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | □ 25,001-50,000 | | | |
| | you estimate that you owe? | □ 50-99 | | <u></u> 5001-10,000 | <u> </u> | | | |
| | | ☐ 100-19 ☐ 200-99 | | □ 10,001-25,000 | ☐ More than100,000 | | | |
| 19. | How much do you | □ \$0 - \$ <u>\$</u> | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion | | | |
| | estimate your assets to | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | be worth? | | 001 - \$500,000 | □ \$50,000,001 - \$100 million | ☐ \$10,000,000,001 - \$50 billion | | | |
| | | □ \$500,0 | 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion | | | |
| 20. | How much do you | □ \$0 - \$5 | 50,000 | □ \$1,000,001 - \$10 million | ☐ \$500,000,001 - \$1 billion | | | |
| | estimate your liabilities to be? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million | □ \$1,000,000,001 - \$10 billion | | | |
| | | | 001 - \$500,000 001 - \$1 million | □ \$50,000,001 - \$100 million □ \$100,000,001 - \$500 million | ☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion | | | |
| Par | t 7: Sign Below | | | | | | | |
| For | you | I have exa | amined this petition, and I declare | under penalty of perjury that the information | ation provided is true and correct. | | | |
| | | | • | m aware that I may proceed, if eligible, υ available under each chapter, and I cho | • | | | |
| | | | | ay or agree to pay someone who is not tice required by 11 U.S.C. § 342(b). | an attorney to help me fill out this | | | |
| | | I request | relief in accordance with the chapt | ter of title 11, United States Code, speci | fied in this petition. | | | |
| | | bankrupto and 3571 | cy case can result in fines up to \$2 | cealing property, or obtaining money or 250,000, or imprisonment for up to 20 ye | property by fraud in connection with a ars, or both. 18 U.S.C. §§ 152, 1341, 1519, | | | |
| | | Shirley ' | ey Whiting- Bolling-Strong Whiting- Bolling-Strong of Debtor 1 | Signature of Debtor | 2 | | | |
| | | Executed | | Executed on | | | | |
| | | | MM / DD / YYYY | MM / | DD / YYYY | | | |

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Debtor 1 Shirley Whiting- Bolling-Strong

Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Glenda J. Gray | Date | May 12, 2016 |
|--|---------------|-----------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Glenda J. Gray | | |
| Printed name | | |
| Law Office of Glenda J. Gray | | |
| Firm name | | |
| 223 W. Jackson Blvd. | | |
| Suite 1116 | | |
| Chicago, IL 60606 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone (312) 386-1010 | Email address | ladylawgray@gmail.com |
| 06185507 | | |
| Par number 9 Ctate | | |

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|---------------------|--------------------------|----------------|----------------------------|--|------------------------------------|
| Fill in this in | formation to identify y | your case: | | | |
| Debtor 1 | Shirley Whiting | ng- Bolling-St | rong | | |
| | First Name | Middle | Name | Last Name | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle | Name | Last Name | |
| United States | s Bankruptcy Court for t | he: NORTHE | RN DISTRICT OF ILLI | NOIS | |
| Case numbe | r | | | | |
| (if known) | • | | | | Check if this is an amended filing |
| | | | | | |
| Official I | Form 106Sum | า | | | |
| Summar | y of Your Asse | ts and Lial | bilities and Ce | rtain Statistical Information | 12/15 |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the boy at the top of this page.

| you | r original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page. | | · |
|-----|---|--------------|-------------------------|
| Par | t 1: Summarize Your Assets | | |
| | | Your as | ssets f what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 75,000.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 8,290.88 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 83,290.88 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 14,753.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 45,069.48 |
| | Your total liabilities | \$ | 59,822.48 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,985.00 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 3,649.60 |
| Par | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | edules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159. | a personal, | family, or |

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

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Case number (if known) Debtor 1 Shirley Whiting- Bolling-Strong

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

3,998.55 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|-------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | Case 1 | 6-16196 | Doc 1 | Filed 05/12/16 Document | Entered 05/12/1 | 6 16:49:07 | Desc | Main |
|------|---|----------------------------------|------------------------|--|--|--|--|---|
| Fill | in this information | to identify | your case and th | | | | | |
| Del | | irley Whiti _{Name} | ing- Bolling-St | rong e Name | Last Name | | | |
| | otor 2 ouse, if filing) First | Name | Middle | e Name | Last Name | | | |
| Uni | ted States Bankrupt | cy Court for | the: NORTHER | RN DISTRICT OF ILLIN | NOIS | | | |
| Cas | se number | | | | - | | | Check if this is an amended filing |
| | ficial Form | | - | | | | | 12/15 |
| Par | wer every question. 11: Describe Each R o you own or have an No. Go to Part 2. | esidence, Bu | uilding, Land, or Of | ther Real Estate You Ow | e top of any additional pages vn or Have an Interest In land, or similar property? | , , | | , |
| | Yes. Where is the pro | operty? | | | | | | |
| | · | | | What is the property | | | | |
| | 12441 S. Winch Street address, if availab | ester | cription | Single-family I | nome | Do not deduct secure the amount of any se Creditors Who Have | cured cla | aims on <i>Schedule D:</i> |
| 1.1 | 12441 S. Winch | ester | 60827-0000 ZIP Code | Single-family I Duplex or mul Condominium | nome ti-unit building or cooperative or mobile home | the amount of any se | cured claims S | aims on <i>Schedule D:</i> |
| | 12441 S. Winch Street address, if availab | ester le, or other desc IL | 60827-0000 | Single-family I Duplex or mul Condominium Manufactured Land Investment pre Timeshare Other | nome ti-unit building or cooperative or mobile home | Current value of the entire property? \$75,000.0 Describe the nature | cured claims S control of p control of p | aims on Schedule D: Secured by Property. Current value of the portion you own? |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$75,000.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

| | | Case 16-16 | | Document Page 11 of 54 | 16 16:49:07 D | esc Main |
|---------------|-----------------|---|---|---|--|---|
| Debt | | | g- Bolling-Stror | | se number (if known) | |
| 3. C a | rs, vans | s, trucks, tractor | s, sport utility vel | hicles, motorcycles | | |
| | No | | | | | |
| | Yes | | | | | |
| | | | | | Do not doduct socured | claims or exemptions. Put |
| 3.1 | Make: | Mazda | | Who has an interest in the property? Check one | the amount of any secu | red claims on Schedule D: |
| | Model: Year: | Mazada 6 2005 | | Debtor 1 only | Creditors Who Have C | laims Secured by Property. |
| | | imate mileage: | 67000 | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | Current value of the entire property? | Current value of the portion you own? |
| | | nformation: | | ☐ At least one of the debtors and another | | |
| | Ins: S | State Farm | | ☐ Check if this is community property (see instructions) | \$4,000.00 | \$4,000.00 |
| 5 A .pa | ages you | u have attached | | n for all of your entries from Part 2, including any that number here | | \$4,000.00 |
| · | | or have any leg | · | erest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | kamples. No | | | china, kitchenware | | |
| | | 9 | dinette set, mirr chest of drawer microwave (inte | room set (leather sectional, dining room se or fireplace, 1 bedroom set, 1 additional be s, stove, 2 refrigerators, 1 freezer, washer & erior burned) and small misc appliances S Winchester, Calumet Park IL 60827 | d, 1 | \$2,000.00 |
| E: | No | : Televisions and | | eo, stereo, and digital equipment; computers, printers ledia players, games | s, scanners; music collec | ctions; electronic devices |
| | | | 4 tvs, computer Location: 12441 | S Winchester, Calumet Park IL 60827 | | \$500.00 |
| E: | kamples No | other collection | gurines; paintings, s, memorabilia, col | prints, or other artwork; books, pictures, or other art | objects; stamp, coin, or t | paseball card collections; |
| 9. E q | uipmen | escribe t for sports and : Sports, photogr musical instrum | aphic, exercise, an | d other hobby equipment; bicycles, pool tables, golf | clubs, skis; canoes and | kayaks; carpentry tools; |
| | Yes. D | escribe | | | | |
| Officia | al Form 1 | 106A/B | | Schedule A/B: Property | | page 2 |

| Debtor 1 | Shirley Whiting- B | Olling-Strong | ocument | Page 12 of 54 Case number | (if known) |
|--|--|--------------------------------|------------------|---------------------------------------|---|
| ■ No | ms ples: Pistols, rifles, shotg Describe | uns, ammunition, and r | related equipme | nt | |
| ☐ No | es ples: Everyday clothes, for the second control of the second c | urs, leather coats, desi | gner wear, shoe | s, accessories | |
| | Gene | eral ition: 12441 S Winc | hester, Calun | net Park IL 60827 | \$300.00 |
| ■ No □ Yes. 13. Non-fa Exam □ No | | | ement rings, we | dding rings, heirloom jewelry, watche | s, gems, gold, silver |
| | 1 Ge | rman Shepherd | | | \$500.00 |
| ■ No □ Yes. | Give specific informatio | n f your entries from Pa | rt 3, including | including any health aids you did i | |
| | escribe Your Financial Ass wn or have any legal or | | any of the follo | wing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | ples: Money you have in | | | posit box, and on hand when you file | |
| | | | | Cash | \$190.00 |
| Exam | | or other financial accounts of | | | rokerage houses, and other similar |
| | 17.1 | . Checking | TCF Bar | nk | \$0.00 |
| | 17.2 | Savings and checking | Citibank | (| \$200.88 |

Official Form 106A/B

Schedule A/B: Property

Entered 05/12/16 16:49:07 Case 16-16196 Doc 1 Filed 05/12/16 Desc Main Page 13 of 54
Case number (if known) Document Debtor 1 **Shirley Whiting- Bolling-Strong** 18. Bonds, mutual funds, or publicly traded stocks

Fxamples: Bond funds, investment accounts with I

| | | investment accounts with bi | Tokerage IIIIIs, Illottey Illaiket accounts | |
|----|--|---|--|---------------------------------------|
| | ■ No □ Yes | Institution or issuer | r name: | |
| 19 | . Non-publicly traded sto joint venture ■ No | ock and interests in incorp | porated and unincorporated businesses, including an interest in | n an LLC, partnership, and |
| | | ormation about them Name of entity: | % of ownership: | |
| 20 | Negotiable instruments | include personal checks, ca ents are those you cannot tr | otiable and non-negotiable instruments ishiers' checks, promissory notes, and money orders. Fransfer to someone by signing or delivering them. | |
| 21 | . Retirement or pension Examples: Interests in II □ No | | 403(b), thrift savings accounts, or other pension or profit-sharing pla | ans |
| | Yes. List each account | t separately. Type of account: | Institution name: | |
| | | Pension | Cook County Employees Pension fund Presently drawing \$2,574.24/month | \$0.00 |
| | | Pension | State of Illinois Emploees Retirement Service Presenly drawing \$424.31/month | \$0.00 |
| 22 | | d deposits you have made s | to that you may continue service or use from a company, public utilities (electric, gas, water), telecommunications companies | s, or others |
| 23 | | r a periodic payment of mon | ney to you, either for life or for a number of years) | |
| | ■ No □ Yes Iss | suer name and description. | | |
| 24 | 26 U.S.C. §§ 530(b)(1), 5 | | qualified ABLE program, or under a qualified state tuition progr | am. |
| | ■ No □ Yes Ins | stitution name and description | on. Separately file the records of any interests.11 U.S.C. § 521(c): | |
| 25 | ■ No | | other than anything listed in line 1), and rights or powers exerc | isable for your benefit |
| | ☐ Yes. Give specific info | ormation about them | | |
| 26 | Examples: Internet dom No | ain names, websites, proce | and other intellectual property eds from royalties and licensing agreements | |
| | ☐ Yes. Give specific info | | | |
| 27 | | and other general intangib mits, exclusive licenses, coo | les perative association holdings, liquor licenses, professional licenses | |
| | ☐ Yes. Give specific info | ormation about them | | |
| M | oney or property owed to | o you? | | Current value of the portion you own? |

Do not deduct secured claims or exemptions. Schedule A/B: Property page 4

Official Form 106A/B

Case 16-16196 Doc 1 Filed 05/12/16 Entered 05/12/16 16:49:07 Desc Main Document Page 14 of 54 . Case number *(if known)* Debtor 1 Shirley Whiting- Bolling-Strong 28. Tax refunds owed to you □ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 2015 Federal income tax returns \$600.00 **Federal** 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value: Through former employer \$0.00 **GPm Life Insurance (Whole Life)** Daughter \$0.00 **American General Life** Daughter \$0.00 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue No

☐ Yes. Describe each claim.......

34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims

■ No

☐ Yes. Describe each claim.......

35. Any financial assets you did not already list

■ No

☐ Yes. Give specific information..

Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....

\$990.88

Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

Case 16-16196 Doc 1 Filed 05/12/16 Entered 05/12/16 16:49:07 Desc Main Page 15 of 54
Case number (if known) Document Debtor 1 **Shirley Whiting- Bolling-Strong** 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ■ No ☐ Yes. Give specific information....... 54. Add the dollar value of all of your entries from Part 7. Write that number here \$0.00 List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$75,000.00 Part 2: Total vehicles, line 5 \$4,000.00 57. Part 3: Total personal and household items, line 15 \$3,300.00 Part 4: Total financial assets, line 36 58. \$990.88 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$8,290.88 \$8,290.88

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$83,290.88

Official Form 106A/B Schedule A/B: Property page 6

| | | 1700.11111 | III PAUE 10 OI. |)4 | |
|---------------------|--------------------------|-------------------|-----------------|----|-----------------------|
| Fill in this infor | mation to identify your | case: | | | |
| Debtor 1 | Shirley Whiting- I | Bolling-Strong | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number _ | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| | he applicable statutory amount. It 1: Identify the Property You Claim as E | vemnt | | | | | |
|----|--|--------------------------------------|---------|---|------------------------------------|--|--|
| | Which set of exemptions are you claiming? | • | n if yo | ur spouse is filing with you. | | | |
| | ■ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3) | | | | | | |
| | ☐ You are claiming federal exemptions. 11 t | J.S.C. § 522(b)(2) | | | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | | | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption | | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | | | |
| | 12441 S. Winchester Calumet Park, IL 60827 Cook County | \$75,000.00 | | \$15,000.00 | 735 ILCS 5/12-901 | | |
| | Purchased: 1993 Price: Line from Schedule A/B: 1.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | General: living room set (leather sectional, dining room set, dinette | \$2,000.00 | | \$2,000.00 | 735 ILCS 5/12-1001(b) | | |
| | set, mirror fireplace, 1 bedroom set, 1 additional bed, 1 chest of drawers, stove, 2 refrigerators, 1 freezer, washer & dryer, microwave (interior burned) and small misc appliances Loc Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |
| | 4 tvs, computer Location: 12441 S Winchester, | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) | | |
| | Calumet Park IL 60827 Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | | |

General

\$300.00

Location: 12441 S Winchester,

Calumet Park IL 60827

Line from Schedule A/B: 11.1

735 ILCS 5/12-1001(a)

\$300.00

100% of fair market value, up to

any applicable statutory limit

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| Debtor 1 Shirley Whiting- B | olling-Strong | Document | | Case number (if known) | |
|---|-------------------|--------------------------------------|----------|---|------------------------------------|
| Brief description of the prope Schedule A/B that lists this pr | | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| 1 German Shepherd Line from Schedule A/B: 13 | 1 | \$500.00 | | \$500.00 | 735 ILCS 5/12-1001(b) |
| Line IIom Schedule A/D. 10 | •• | | | 100% of fair market value, up to any applicable statutory limit | |
| Cash Line from Schedule A/B: 16 | .1 | \$190.00 | | \$190.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| Checking: TCF Bank Line from Schedule A/B: 17 | .1 | \$0.00 | | \$0.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| Savings and checking: Line from Schedule A/B: 17 | | \$200.88 | | \$200.88 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: Cook County Pension fund | Employees | \$0.00 | | \$0.00 | 735 ILCS 5/12-1006 |
| Presently drawing \$2,5 Line from Schedule A/B: 21 | | | | 100% of fair market value, up to any applicable statutory limit | |
| Pension: State of Illinoi Retirement Service | s Emploees | \$0.00 | | \$0.00 | 735 ILCS 5/12-1006 |
| Presenly drawing \$424. Line from Schedule A/B: 21 | | | | 100% of fair market value, up to any applicable statutory limit | |
| Federal: 2015 Federal in returns | ncome tax | \$600.00 | | \$600.00 | 735 ILCS 5/12-1001(b) |
| Line from Schedule A/B: 28 | .1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Through former employ Line from Schedule A/B: 31 | | \$0.00 | | \$0.00 | 215 ILCS 5/238 |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| GPm Life Insurance (W Beneficiary: Daughter | hole Life) | \$0.00 | | \$0.00 | 215 ILCS 5/238 |
| Line from Schedule A/B: 31 | .2 | | | 100% of fair market value, up to any applicable statutory limit | |
| American General Life Beneficiary: Daughter | | \$0.00 | | \$0.00 | 215 ILCS 5/238 |
| Line from Schedule A/B: 31 | .3 | | | 100% of fair market value, up to any applicable statutory limit | |
| ■ No | 01/19 and every 3 | 3 years after that for ca | ises fil | led on or after the date of adjustmer | |

| Case 16-16 | 5196 Doc 1 | Filed 05/12/16 | | | 49:07 Desc N | ⁄lain |
|--|---|--|---|------------------------|----------------------|----------|
| Fill in this information to ide | ntify your case: | | 1 | ·// ·/ - | | |
| Debtor 1 Shirley \ | Whiting- Bolling- | Strong | | | | |
| First Name | | | Last Name | | | |
| Debtor 2 (Spouse if, filing) First Name | M | iddle Name | Last Name | | | |
| United States Bankruptcy Cou | rt for the: NORT | HERN DISTRICT OF ILI | LINOIS | | | |
| Case number | | | | | | |
| (if known) | | | | | | |
| Debtor 1 Shirley Whitting- Bolling-Strong First Name Middle Name Last Name Debtor 2 Signouse I, Illing's First Name Middle Name Last Name United States Bankruptcy Court for the: Morthern DISTRICT OF ILLINOIS Case number (If known) Check if this is an amended filling Check if this is an amended filling Check if this is an amen | | | | | | |
| s needed, copy the Additional Pa | | | | | | |
| Do any creditors have claims s | ecured by your prope | erty? | | | | |
| ☐ No. Check this box and | submit this form to | the court with your other | schedules. Yo | u have nothing else to | report on this form. | |
| Yes. Fill in all of the info | In this information to identify your case: Into 1 Shirley Whiting- Bolling-Strong First Name Middle Name Last Name of 2 and f. Illing) First Name Middle Name Last Name ded States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS Cicial Form 106D | | | | | |
| Part 1: List All Secured C | laims | | | | | |
| 2. List all secured claims. If a cre | editor has more than or | ne secured claim, list the cre | editor separately | Column A | Column B | Column C |
| | | s a particular claim, list the other creditors in Part 2. As | | Do not deduct the | that supports this | portion |
| 2.1 Citimortgage Inc | Describe | the property that secures | the claim: | | | |
| Po Box 9438 | Purchase Price: As of the apply. | 7 Cook County sed: 1993 | , | | | |
| | | | | | | |
| Number, Street, City, State & Zip | | | | | | |
| Who owes the debt? Check one | • | | | | | |
| • | · · | , | mortgage or secu | ıred | | |
| | ☐ Statuto | ry lien (such as tax lien, me | chanic's lien) | | | |
| \square At least one of the debtors and | another | ent lien from a lawsuit | | | | |
| | a Other (| including a right to offset) | First Mortga | age | | |
| 10/27 Last | 7/03 Active | et 4 digits of account numer | hor 3035 | | | |

Add the dollar value of your entries in Column A on this page. Write that number here: \$14,753.00

If this is the last page of your form, add the dollar value totals from all pages.

Write that number here: \$14,753.00

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | | Document | Page 1 | 9 of 54 | |
|----------------------|--|---|---|---|---|--|
| ŦIII | in this inforn | nation to identify your | case: | | | |
| Del | otor 1 | Shirley Whiting- I | Rolling-Strong | | | |
| ٥. | 7.01 | First Name | Middle Name | Last Name | | |
| | otor 2 | | | | | |
| (Spo | use if, filing) | First Name | Middle Name | Last Name | | |
| Uni | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT OF | ILLINOIS | | |
| _ | | | | | | |
| | se number _ lown) | | | | | Check if this is an |
| (| , | | | | | amended filing |
| _ | | | | | | amonada ming |
| Off | icial Forn | n 106E/F | | | | |
| 3C | hedule E | /F: Creditors W | ho Have Unsecure | ed Claims | | 12/15 |
| iche iche eft. | edule G: Execu edule D: Credito Attach the Con e and case nun | tory Contracts and Unexp ors Who Have Claims Sec | ired Leases (Official Form 106G ured by Property. If more space ye. If you have no information to | 6). Do not include e is needed, copy | contracts on Schedule A/B: Property (Of any creditors with partially secured clai the Part you need, fill it out, number the do not file that Part. On the top of any ac | ims that are listed in entries in the boxes on the |
| | | ors have priority unsecure | | | | |
| • | No. Go to P | | a olamo agamot you. | | | |
| | Yes. | ait 2. | | | | |
| Dar | | II of Your NONPRIORIT | V Unegoured Claims | | | |
| | | | cured claims against you? | | | |
| J. | _ | | | | | |
| | ☐ No. You have | ve nothing to report in this p | art. Submit this form to the court v | with your other sche | edules. | |
| | Yes. | | | | | |
| 4. | unsecured clair | m, list the creditor separatel | y for each claim. For each claim lis | sted, identify what t | b holds each claim. If a creditor has more type of claim it is. Do not list claims already three nonpriority unsecured claims fill out | included in Part 1. If more |
| | | | | | | Total claim |
| 4.1 | Cap1/Ca | arsn | Last 4 digits of | account number | 7571 | \$0.00 |
| | Nonpriority | / Creditor's Name | | | | |
| | 26525 N | I Riverwoods Blvd | When wee the | المعدد المعادة | Opened 10/25/06 Last Active 7/05/12 | |
| | Mettawa | a, IL 60045 | When was the d | iebt incurred? | 7/05/12 | |
| | | treet City State Zlp Code | As of the date y | ou file, the claim | is: Check all that apply | |
| | Who incu | rred the debt? Check one. | | | | |
| | Debtor | 1 only | ☐ Contingent | | | |
| | ☐ Debtor | 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor | 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At leas | t one of the debtors and an | other Type of NONPR | IORITY unsecure | d claim: | |
| | ☐ Check | if this claim is for a com | munity | 8 | | |
| | debt | m authorities (1000) | | | aration agreement or divorce that you did no | ot |
| | | m subject to offset? | report as priority | | a plane and other size! | |
| | ■ No | | | | ng plans, and other similar debts | |
| | ☐ Yes | | Other. Specif | Charge Acc | count | |
| | | | | | | |

Document Page 20 of 54 Debtor 1 Shirley Whiting- Bolling-Strong Case number (if know) 4.2 \$3,804.00 Capital One Bank Usa N Last 4 digits of account number 1535 Nonpriority Creditor's Name Opened 9/25/03 Last Active 15000 Capital One Dr When was the debt incurred? 3/01/16 Richmond, VA 23238 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.3 Capital One Bank Usa N 7704 Last 4 digits of account number \$2,501.00 Nonpriority Creditor's Name Opened 11/29/02 Last Active 15000 Capital One Dr When was the debt incurred? 3/01/16 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Credit Card ☐ Yes 4.4 Capital One Bank Usa N Last 4 digits of account number 0662 \$2.356.00 Nonpriority Creditor's Name Opened 11/07/96 Last Active 15000 Capital One Dr When was the debt incurred? 3/01/16 Richmond, VA 23238 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Credit Card

☐ Debts to pension or profit-sharing plans, and other similar debts

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Who incurred the debt? Check one.

Debtor 1 only
Debtor 2 only
Debtor 1 and Debtor 2 only
Disputed
Type of NONPRIORITY unsecured claim:
Student loans
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only
Disputed
Type of Nonpriority unsecured claim:
Debtor 1 and Debtor 2 only

☐ Debts to pension or profit-sharing plans, and other similar debts

Official Form 106 F/F

■ No

☐ Yes

■ Other. Specify Charge Account

Document Page 22 of 54 Case number (if know) Debtor 1 Shirley Whiting- Bolling-Strong 4.8 \$498.00 Cbna Last 4 digits of account number 0606 Nonpriority Creditor's Name Opened 11/01/07 Last Active 1000 Technology Dr When was the debt incurred? 3/23/16 O Fallon, MO 63368 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Check Credit Or Line Of Credit 4.9 Citi Last 4 digits of account number 0862 \$0.00 Nonpriority Creditor's Name Opened 9/16/14 Last Active Po Box 6241 When was the debt incurred? 7/13/15 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Credit Card 4.1 Citibank \$1,639.48 Last 4 digits of account number Nonpriority Creditor's Name P.O. Box 469100 When was the debt incurred? Escondido, CA 92046-9100 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent

Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Other. Specify

Document Page 23 of 54 Case number (if know) Debtor 1 Shirley Whiting- Bolling-Strong 4.1 **Comenity Bank/Carsons** 9340 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 7/26/12 Last Active 3100 Easton Square PI When was the debt incurred? 6/05/15 Columbus, OH 43219 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ■ Other. Specify Charge Account ☐ Yes 4.1 Comenitycapital/PetInd 6935 \$437.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 4/04/15 Last Active 4590 E Broad St When was the debt incurred? 2/01/16 Columbus, OH 43213 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Charge Account 4.1 Hfc 6813 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 7/01/07 Last Active Po Box 1547 When was the debt incurred? 5/01/13 Chesapeake, VA 23327 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

■ No

☐ Yes

□ Debts to pension or profit-sharing plans, and other similar debts
□ Other. Specify Check Credit Or Line Of Credit

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| 4.1 4 | Mcydsnb | Last 4 digits of account number | 3750 | \$966.00 |
|----------|---|--|---|----------|
| | Nonpriority Creditor's Name | _ | Opened 5/06/08 Last Active | |
| | 9111 Duke Blvd Mason, OH 45040 | When was the debt incurred? | 3/01/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 4.1 5 | Richland State Bank | Last 4 digits of account number | 2849 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Po Box 338 Bruce, SD 57220 | When was the debt incurred? | Opened 2/02/99 Last Active 2/26/07 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Credit Card | <u> </u> | |
| 4.1 | Rush University Medical Group | | 1097 | \$580.00 |
| 6 | Nonpriority Creditor's Name | Last 4 digits of account number | | \$300.00 |
| | 75 Remittance Dr | When was the debt incurred? | 3/3/2016 | |
| | Dept 1611 Chicago, IL 60675-1611 | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Debtor - Pa | atient | |
| | | • | | |

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| 4.1 7 | Springleaf | Last 4 digits of account number | 6571 | \$9,997.00 |
|----------|--|---|---|------------|
| | Nonpriority Creditor's Name Po Box 64 Evansville, IN 47701 | When was the debt incurred? | Opened 7/18/07 Last Active 2/01/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Disputed Type of NONPRIORITY unsecured ☐ Student loans | I claim: ration agreement or divorce that you did not | |
| | ■ No □ Yes | ☐ Debts to pension or profit-sharin ☐ Other. Specify Check Cred | | |
| 4.1 | | | | |
| 3 | Syncb/Jcp Nonpriority Creditor's Name | Last 4 digits of account number | | \$3,390.00 |
| | Po Box 965007 Orlando, FL 32896 | When was the debt incurred? | Opened 4/10/95 Last Active 2/01/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Contingent☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | l claim: | |
| | ☐ Check if this claim is for a community debt Is the claim subject to offset? | ☐ Student loans ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | Yes | Other. Specify Charge Acc | count | |
| 1.1) | Syncb/Sams Club Dc Nonpriority Creditor's Name | Last 4 digits of account number | 4580 | \$4,474.00 |
| | Po Box 965005 Orlando, FL 32896 | When was the debt incurred? | Opened 8/22/14 Last Active 2/01/16 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | s: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | I claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharin | g plans, and other similar debts | |
| | ☐ Yes | ■ Other Specify Credit Card | | |

| Debto | Case 16-16196 Doc 1 | | ed 05/12/16 16:49:07 Desc Ma 6 of 54 Case number (if know) | ain |
|----------|---|--|--|--------|
| 4.2 | Web Bank | Last 4 digits of account number | 2925 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | 215 S State St Ste 800 Salt Lake City, UT 84111 | When was the debt incurred? | Opened 2/02/99 Last Active 1/03/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Credit Card | <u>i</u> | |
| 4.2 | Wfds | Last 4 digits of account number | 1319 | \$0.00 |
| <u>.</u> | Nonpriority Creditor's Name | _ | | |
| | Po Box 1697 Winterville, NC 28590 | When was the debt incurred? | Opened 9/22/05 Last Active 10/06/11 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | Other. Specify Automobile | 9 | |
| 4.2 | Wffnatbank | Last 4 digits of account number | 2223 | \$0.00 |
| | Nonpriority Creditor's Name | _ | | |
| | Po Box 94498 Las Vegas, NV 89193 | When was the debt incurred? | Opened 4/21/10 Last Active 4/07/11 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

■ Other. Specify Charge Account

Type of NONPRIORITY unsecured claim:

 \square Obligations arising out of a separation agreement or divorce that you did not

 $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

debt

■ No

☐ Yes

☐ At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

^{5.} Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you

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Debtor 1 Shirley Whiting- Bolling-Strong

have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

ARS National Services, Inc.

P.O. Box 469100 Escondido, CA 92046-9100 On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.10 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

■ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 6212

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|--------------|-----|---|-----|----|------------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | 6f. | Student loans | 6f. | \$ | Total Claim 0.00 |
| Total claims | | | | Ψ | 0.00 |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 45,069.48 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 45,069.48 |

| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|--|
| Debtor 1 | Shirley Whiting- I | Bolling-Strong | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|--|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | |
| | City | | State | ZIP Code | - |
| | | | | | |

| | | Docume | nt Page 29 (| OT 54 | |
|--------------------------------|---|---|---------------------------|--|--|
| Fill in this | information to identify you | | | | |
| Debtor 1 | Shirley Whiting- | Bolling-Strong | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Stat | tes Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Casa numb | | | | | |
| Case numb (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | l Form 106H | | | | |
| | lule H: Your Cod | lehtors | | | 12/15 |
| Jenea | dic II. Tour ood | | | | 12/13 |
| ill it out, ar | nd number the entries in the and case number (if known | e boxes on the left. Attach). Answer every question | the Additional Page . | to this page. On the to | needed, copy the Additional Page, p of any Additional Pages, write |
| 1. Do y | you have any codebtors? (If | f you are filing a joint case, | do not list either spouse | e as a codebtor. | |
| ■ No □ Yes | 3 | | | | |
| Arizon | a, California, Idaho, Louisiana | | | | ty states and territories include) |
| ` | Go to line 3. Did your spouse, former spo | ouse, or legal equivalent live | e with you at the time? | | |
| | | | • | | |
| in line Form | 2 again as a codebtor only | if that person is a guaran | tor or cosigner. Make | sure you have listed t | ng with you. List the person shown he creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and 2 | ZIP Code | | Column 2: The cre Check all schedul | editor to whom you owe the debt es that apply: |
| 3.1 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | ne |
| | Number Street | | | <u> </u> | |
| ' | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, lir | ne |
| | Name | | | ☐ Schedule E/F, | |
| | | | | ☐ Schedule G, lir | |
| 7 | Number Street | | | _ | |
| | City | State | ZIP Code | | |

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| | | | | | | • | | | |
|-------|---|------------------------------|---------------------------|-------------|-----|--------------------|---|------------------------------------|----------|
| | in this information to identify your cabtor 1 Shirley Whit | ase: ting- Bolling-Strong | | | | | | | |
| 1 - | btor 2 ouse, if filing) | | | | | | | | |
| ` ' | ited States Bankruptcy Court for the | : NORTHERN DISTRIC | T OF ILLINOIS | | | | | | |
| | se number | | | | _ | Check if this | is: | | |
| (If k | nown) | | | | | ☐ An amei | nded filing | | |
| | | | | | | | | ng postpetition following date: | |
| 0 | fficial Form 106I | | | | | MM / DE | / YYYY | | |
| S | chedule I: Your Inc | ome | | | | | | | 12/1 |
| atta | rt 1: Describe Employment Fill in your employment | | | | | d case number | (if known). | | |
| | information. | | | | | | _ | | |
| | If you have more than one job, attach a separate page with information about additional | Employment status | ■ Employed □ Not employed | | | | ■ Employed□ Not employed | | |
| | employers. | Occupation | Retired | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | | | | | | | |
| | | How long employed th | nere? 5 years | 3 | | | | | |
| Pa | rt 2: Give Details About Mor | nthly Income | | | | | | | |
| | imate monthly income as of the dause unless you are separated. | ate you file this form. If y | ou have nothing to r | eport for | any | line, write \$0 in | he space. In | clude your no | n-filing |
| | ou or your non-filing spouse have mo e space, attach a separate sheet to | | mbine the information | n for all e | mpl | oyers for that pe | rson on the | lines below. If | you need |
| | | | | | | For Debtor 1 | | ebtor 2 or ling spouse | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 0.0 | 0 \$ | 0.00 | - |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | 0.0 | 0 +\$ _ | 0.00 | - |
| 4. | Calculate gross Income. Add lir | ne 2 + line 3. | | 4. | \$ | 0.00 | \$ | 0.00 | |

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| Deb | tor 1 | Shirley Whiting- Bolling-Strong | _ | C | ase ı | number (if known) | | | | |
|-----|--------------------------|--|----------------|----------|-----------------|----------------------|-------------------|--------|----------------------|-------------|
| | 0 | and the second s | | | | Debtor 1 | | Debtor | spouse | |
| | | y line 4 here | 4. | | \$ | 0.00 | \$_ | | 0.00 | _ |
| 5. | List | all payroll deductions: | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 5a | | \$_ | 0.00 | \$_ | | 0.00 | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b | | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 5c. | Voluntary contributions for retirement plans | 5c | | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 5d. 5e. | Required repayments of retirement fund loans Insurance | 5d 5e | | \$ | 0.00 | \$_ \$ | | 0.00 | _ |
| | 5e. 5f. | Domestic support obligations | 5e 5f. | | \$ | 0.00 | \$ _ | | 0.00 | _ |
| | 5g. | Union dues | 5g | | _{\$} — | 0.00 | \$_ | | 0.00 | _ |
| | 5h. | Other deductions. Specify: | 5h | | <u>\$</u> — | 0.00 | · · · | | 0.00 | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 0.00 | \$ | | 0.00 | - |
| 7. | Cald | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | \$ | 0.00 | \$ | | 0.00 | _ |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | _ | | | - |
| | | monthly net income. | 8a | | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 8b. | Interest and dividends | . 8b |). | \$ | 0.00 | \$_ | | 0.00 | _ |
| | 8c. 8d. 8e. 8f. | Family support payments that you, a non-filing spouse, or a depender regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. Unemployment compensation Social Security Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | 8c 8d 8e | l.). | \$ \$ \$ | 0.00 0.00 0.00 | \$_ \$_ \$_ | | 0.00 0.00 0.00 | - - - |
| | 8g. | Pension or retirement income | 8g | | _{\$} — | 2,574.00 | \$_ | | 0.00 | _ |
| | 8h. | Other monthly income. Specify: Deceased Husband's Pension | | | <u> </u> | 411.00 | · - | | 0.00 | _ |
| | | Support from husband | | | \$ | 1,000.00 | \$ | | 0.00 | _ |
| 9. | Add | l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | _ | 3,985.00 | \$_ | | 0.00 | 0 |
| 10. | Cald | culate monthly income. Add line 7 + line 9. | 10. | \$ | • | 3,985.00 + \$ | | 0.00 | = \$ | 3,985.00 |
| | | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | | | | - | | - 0.00 | | 0,000.00 |
| 11. | Inclu othe | te all other regular contributions to the expenses that you list in <i>Schedu</i> ade contributions from an unmarried partner, members of your household, your friends or relatives. not include any amounts already included in lines 2-10 or amounts that are no cify: | ur depe | | - | • | • | | e J. +\$ | 0.00 |
| 12. | | I the amount in the last column of line 10 to the amount in line 11. The ree that amount on the Summary of Schedules and Statistical Summary of Certies | | | | | | 12. | \$ | 3,985.00 |
| 13. | | you expect an increase or decrease within the year after you file this form | m? | | | | | | | y income |
| | | Yes. Explain: | | | | | | | | |

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| Fill | in this information to identify your case: | | | | |
|------------|--|--|-------------|---|-------------------------------|
| Deb | otor 1 Shirley Whiting- Bolling-Strong | | Che | eck if this is: | |
| | otor 2 | | | An amended filing A supplement show 13 expenses as of | ving postpetition chapter |
| ` ' | , 0, | | | MM / DD / YYYY | |
| Unit | ted States Bankruptcy Court for the: NORTHERN DISTRICT OF ILLINOIS | · | | MIMI / DD / YYYY | |
| | se numberknown) | | | | |
| | fficial Form 106J | | | | |
| | chedule J: Your Expenses | | | | 12/15 |
| info | as complete and accurate as possible. If two married people are fillormation. If more space is needed, attach another sheet to this formation (if known). Answer every question. | | | | |
| Par | rt 1: Describe Your Household Is this a joint case? | | | | |
| ١. | No. Go to line 2. | | | | |
| | ☐ Yes. Does Debtor 2 live in a separate household? | | | | |
| | □ No | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses for | Separate House | hold of Del | otor 2. | |
| 2. | Do you have dependents? ■ No | | | | |
| | | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? |
| | Do not state the | | | | □ No |
| | dependents names. | | | | □ Yes □ No |
| | | | | | ☐ Yes |
| | - | | | | □ No |
| | - | | | | Yes |
| | | | | | □ No □ Yes |
| 3. | Do your expenses include ■ No | | | | □ res |
| | expenses of people other than yourself and your dependents? | | | | |
| Est exp | Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless you penses as of a date after the bankruptcy is filed. If this is a supplemplicable date. | | | | |
| the | clude expenses paid for with non-cash government assistance if you are value of such assistance and have included it on Schedule I: You fificial Form 106I.) | | | Your exp | enses |
| 4. | The rental or home ownership expenses for your residence. Inclu | ıda firet mortanan | | | |
| 4. | payments and any rent for the ground or lot. | ide ilist mortgage | 4. | \$ | 904.60 |
| | If not included in line 4: | | | | |
| | 4a. Real estate taxes | | 4a. | \$ | 0.00 |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. | · | 0.00 |
| | Home maintenance, repair, and upkeep expenses Homeowner's association or condominium dues | | 4c. 4d. | | 165.00 0.00 |
| 5. | Additional mortgage payments for your residence, such as home | equity loans | 5. | · | 0.00 |

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| Debto | or 1 | Shirley \ | Whiting- Bolling-Strong | Case nu | mb | er (if known) | |
|-------------|-------------------|-----------------------------|--|--------------|------------|---------------|----------------------------|
| 6. l | Utiliti | ies: | | | | | |
| 6 | 6a. | Electricity | , heat, natural gas | 6a | ۱. | \$ | 350.00 |
| 6 | 6b. | Water, se | wer, garbage collection | 6b |). | \$ | 60.00 |
| 6 | 6c. | Telephone | e, cell phone, Internet, satellite, and cable services | 60 |) . | \$ | 350.00 |
| 6 | 6d. | Other. Sp | ecify: | 6d | ı. | \$ | 0.00 |
| . F | Food | and hous | ekeeping supplies | | 7 . | | 450.00 |
| . (| Child | care and | children's education costs | 8 | 3. | \$ | 0.00 |
| . (| Cloth | ning, laund | lry, and dry cleaning | 9 |). | \$ | 150.00 |
| | | - | products and services | 10 |). | \$ | 120.00 |
| | | - | ntal expenses | | | | 100.00 |
| | | | Include gas, maintenance, bus or train fare. | | | | |
| | | | ar payments. | 12 | 2. | \$ | 300.00 |
| 3. E | Enter | rtainment, | clubs, recreation, newspapers, magazines, and boo | ks 13 | 3. | \$ | 0.00 |
| 4. (| Chari | itable cont | ributions and religious donations | 14 | ŀ. | \$ | 0.00 |
| 5. I | nsur | ance. | - | | | | |
| | Do no | ot include ir | nsurance deducted from your pay or included in lines 4 c | r 20. | | | |
| 1 | 15a. | Life insura | ance | 15a | 1. | \$ | 400.00 |
| 1 | 15b. | Health ins | surance | 15b |). | \$ | 100.00 |
| 1 | 15c. | Vehicle in | surance | 150 |) . | \$ | 100.00 |
| 1 | 15d. | Other insu | urance. Specify: | 15d | i. | \$ | 0.00 |
| 6. 1 | Taxes | s. Do not ir | nclude taxes deducted from your pay or included in lines | 4 or 20. | | | |
| 5 | Speci | ify: | | 16 | ì. | \$ | 0.00 |
| | | | ease payments: | | | | |
| | | | ents for Vehicle 1 | 17a | | · | 0.00 |
| 1 | 17b. | Car paym | ents for Vehicle 2 | 17b |). | \$ | 0.00 |
| 1 | 17c. | Other. Sp | ecify: | 170 |) . | \$ | 0.00 |
| | | Other. Sp | | 17d | i. | \$ | 0.00 |
| | | | of alimony, maintenance, and support that you did | | | Φ. | 0.00 |
| | | | your pay on line 5, Schedule I, Your Income (Official | | | \$ | |
| | | | s you make to support others who do not live with y | | | \$ | 0.00 |
| | Speci | · | | 19 | | _ | |
| | | | erty expenses not included in lines 4 or 5 of this for | | | | |
| | | | s on other property | 20a | | | 0.00 |
| | | Real estat | | 20b | | · | 0.00 |
| | | | homeowner's, or renter's insurance | 200 | | · | 0.00 |
| | | | nce, repair, and upkeep expenses | 20d | | · | 0.00 |
| | | | er's association or condominium dues | 20e | | * | 0.00 |
| 1. (| Othe | r: Specify: | Dog food | 21 | ٠ | +\$ | 100.00 |
| 2 1 | Calci | ulate vour | monthly expenses | | | | |
| | | - | through 21. | | | \$ | 3,649.60 |
| | | | 2 (monthly expenses for Debtor 2), if any, from Official F | orm 106.I-2 | | \$ | 3,043.00 |
| | | | | OIIII 1000-Z | | Ψ | 0.040.00 |
| 2 | ∠∠C. <i>F</i> | Add line 22 | a and 22b. The result is your monthly expenses. | | | \$ | 3,649.60 |
| 3. (| Calcu | ulate your | monthly net income. | | | | |
| | | - | 12 (your combined monthly income) from Schedule I. | 23a | ۱. | \$ | 3,985.00 |
| | | . , | r monthly expenses from line 22c above. | 23b | | · | 3,649.60 |
| | | .,, | | | _ | | |
| 2 | 23c. | Subtract v | your monthly expenses from your monthly income. | | | _ | 60= 40 |
| | | | is your monthly net income. | 230 | ;. [| \$ | 335.40 |
| F n | For ex modific | cample, do yo cation to the | an increase or decrease in your expenses within the ou expect to finish paying for your car loan within the year or do terms of your mortgage? | | | | e or decrease because of a |
| | □ No | | | | | | |
| | Ye | es. | Explain here: Crack in the foundation. | | | | |

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| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--|--------------------------|------------------------------|-----------------------------|-------------------------------|
| Debtor 1 | Shirley Whiting- I | Bolling-Strong | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | CT OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| | | | | | |
| | | | | | |
| Official Forn | <u>n 106Dec</u> | | | | |
| Declarat | ion About a | n Individua | I Debtor's Sc | hedules | 12/15 |
| | | | | | |
| If two married pe | eople are filing togethe | r, both are equally resp | onsible for supplying corr | ect information. | |
| You must file thi | s form whenever you fi | le hankruntev schedul | es or amended schedules. | Making a false statement | concealing property or |
| | | | nkruptcy case can result i | | |
| years, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 519, and 3571. | | - | |
| | | | | | |
| Sign | n Below | | | | |
| Olgi | - Delow | | | | |
| Did you pa | y or agree to pay some | one who is NOT an att | orney to help you fill out b | ankruptcy forms? | |
| | | | | | |
| ■ No | | | | | |
| ☐ Yes. N | Name of person | | | | y Petition Preparer's Notice, |
| | | | | Declaration, and | Signature (Official Form 119) |
| | | | | | |
| | Ity of perjury, I declare e true and correct. | that I have read the su | mmary and schedules file | d with this declaration and | I |
| X /s/ Shir | rley Whiting- Bolling | -Strong | X | | |
| | Whiting- Bolling-St | | Signature of | Debtor 2 | |

Date

Signature of Debtor 1

Date May 12, 2016

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| Fill | in this infor | mation to identify you | r case: | | | |
|---------------------|---------------------------|---|--|---|--|---|
| Deb | otor 1 | Shirley Whiting- | Bolling-Strong | | | |
| | | First Name | Middle Name | Last Name | | |
| | otor 2 use if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ted States Ba | nkruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Cas (if kn | se number _ own) | | | | [| ☐ Check if this is an amended filing |
| Sta Be a info | s complete a | of Financial and accurate as poss | Affairs for Individual liberal | are filing together, both are | equally responsible for | |
| | | n). Answer every que Details About Your Ma | stion. arital Status and Where You | ı Lived Refore | | |
| 1. | | r current marital statu | | Lived Delote | | |
| •• | Wilat is you | Current maritar state | 13: | | | |
| | ■ Married □ Not ma | | | | | |
| 2. | During the I | ast 3 years, have you | lived anywhere other than | where you live now? | | |
| | ■ No | | • | | | |
| | _ | st all of the places you | lived in the last 3 years. Do n | ot include where you live now | v. | |
| | Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | ddress: | Dates Debtor 2 lived there |
| 3. state | | | ver live with a spouse or le | | | |
| | _ | | | | 3 | , |
| | ■ No □ Yes. Ma | ake sure you fill out <i>Sci</i> | hedule H: Your Codebtors (O | fficial Form 106H). | | |
| Par | t 2 Expla | in the Sources of You | ır Income | | | |
| 4. | Fill in the total | al amount of income yo | nployment or from operating received from all jobs and have income that you receive | all businesses, including part | t-time activities. | calendar years? |
| | ■ No □ Yes. Fil | I in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | | | | , | | |

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| 5. Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemploy and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and low winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. | | | | | | | | | |
|--|------------------------------|---|--|--|---|---|--|--|---|
| | List each | source and t | the gross inco | me from each source s | eparately. Do | not include income | that you listed in lin | e 4. | |
| | □ No | | | | | | | | |
| | Yes. | Fill in the de | etails. | | | | | | |
| | | | | Debtor 1 | | | Debtor 2 | | |
| | | | | Sources of income Describe below. | each (befo | s income from source re deductions and sions) | Sources of inc Describe below | | Gross income (before deductions and exclusions) |
| | | y 1 of curre filed for bar | nt year until nkruptcy: | Retirement Income | 9 | \$11,994.20 | | | |
| | or last calen anuary 1 to | idar year: December | 31, 2015) | Retirement Income | e | \$35,802.60 | | | |
| | | dar year be December | | Retirement Income | e | \$35,622.60 | | | |
| Pa | rt 3: List | t Certain Pa | yments You | Made Before You File | d for Bankru | otcv | | | |
| 6. | □ No. | Neither De individual puring the No. Yes * Subject | 90 days before 30 days before 40 days before 50 day | each creditor to whom yeeditor. Do not include papayments to an attorne on 4/01/19 and every 3 r both have primarily or eyou filed for bankrup | consumer del usehold purpos tcy, did you pa ou paid a total ayments for do y for this bank 3 years after th consumer del tcy, did you pa ou paid a total | obts. Consumer debise." by any creditor a total of \$6,425* or more of support obligations of support obligations of cases filed on obts. by any creditor a total of \$600 or more an | al of \$6,425* or more pay gations, such as che or after the date or all of \$600 or more? | re? rments and th ild support ar f adjustment. | ne total amount you nd alimony. Also, do creditor. Do not |
| | Creditor' | 's Name and | d Address | Dates of p | payment | Total amount | Amount you | Was this p | ayment for |
| | | | | | | paid | still owe | | |
| 7. | Insiders in of which y | nclude your rour rour of | elatives; any ficer, director | bankruptcy, did you r general partners; relativ person in control, or ov oprietor. 11 U.S.C. § 10 | ves of any gen wner of 20% o | eral partners; partner r more of their voting | erships of which you g securities; and ar | u are a gener ny managing : | ral partner; corporations agent, including one fo |
| | _ | List all payn | nents to an in | sider. | | | | | |
| | Insider's | Name and | Address | Dates of p | payment | Total amount paid | Amount you still owe | Reason for | r this payment |
| | | | | | | | | | |

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Page 37 of 54 Case number (if known) Debtor 1 Shirley Whiting- Bolling-Strong

| 8. | Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. | | | | | |
|-----|---|------------------------------|-----------------------|----------------------|----------------------------|--------------------------|
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for Include cred | this payment itor's name |
| Par | t 4: Identify Legal Actions, Repossessio | ns, and Foreclosures | | | | |
| | Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of th | e case |
| 10. | Within 1 year before you filed for bankrupt Check all that apply and fill in the details belo | | erty repossessed, fo | oreclosed, garnis | hed, attached | I, seized, or levied? |
| | No. Go to line 11.☐ Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | Describe the Property | | | Value of the |
| | | Explain what happened | I | | | property |
| 11. | Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt? No Yes. Fill in the details. | | | | | |
| | Creditor Name and Address | Describe the action the | creditor took | Date : | action was | Amount |
| 12. | Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official? | | | | | |
| | ■ No □ Yes | | | | | |
| Par | t 5: List Certain Gifts and Contributions | | | | | |
| | Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person? No | | | | | |
| | Yes. Fill in the details for each gift. | Describe the sifts | | Dotos | VOLL GOVO | Value |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | the gi | you gave fts | value |
| | Person to Whom You Gave the Gift and Address: | | | | | |
| 14. | Within 2 years before you filed for bankrup ■ No □ Yes. Fill in the details for each gift or core | | s or contributions w | rith a total value | of more than | \$600 to any charity? |
| | Gifts or contributions to charities that to | | contributed | Datas | · VOII | Value |
| | more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code) | tal Describe what you | Destruction | Dates contr | ibuted | value |
| Par | t 6: List Certain Losses | | | | | |

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster,

Case 16-16196 Doc 1 Filed 05/12/16 Entered 05/12/16 16:49:07 Page 38 of 54 Case number (if known) Document Debtor 1 Shirley Whiting- Bolling-Strong or gambling? Nο Yes. Fill in the details. Describe any insurance coverage for the loss Describe the property you lost and Date of your Value of property how the loss occurred loss lost Include the amount that insurance has paid. List pending insurance claims on line 33 of Schedule A/B: Property. Part 7: List Certain Payments or Transfers 16. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone you consulted about seeking bankruptcy or preparing a bankruptcy petition? Include any attorneys, bankruptcy petition preparers, or credit counseling agencies for services required in your bankruptcy. No Yes. Fill in the details. Person Who Was Paid Description and value of any property Date payment Amount of **Address** transferred or transfer was payment **Email or website address** made Person Who Made the Payment, if Not You LAW OFFICES OF GLENDA J. GRAY **Attorney Fees** 4/5/2016 \$310.00 223 West Jackson Blvd. **Suite 1116** Chicago, IL 60606 ladylawgray@gmail.com 17. Within 1 year before you filed for bankruptcy, did you or anyone else acting on your behalf pay or transfer any property to anyone who promised to help you deal with your creditors or to make payments to your creditors? Do not include any payment or transfer that you listed on line 16. Nο Yes. Fill in the details. **Person Who Was Paid** Description and value of any property Date payment Amount of Address transferred or transfer was payment made

18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.

No

Yes. Fill in the details.

Person Who Received Transfer
Address
Description and value of property transferred
Describe any property or payments received or debts paid in exchange

Person's relationship to you

Date transfer was payments received or debts paid in exchange

19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called asset-protection devices.)

■ No

☐ Yes. Fill in the details.

Name of trust Description and value of the property transferred Date Transfer was made

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Debtor 1 **Shirley Whiting- Bolling-Strong**

| Par | rt 8: | List of Certain Financial Accounts, In | struments. Safe Deposi | t Boxes. and St | orage Unit | ts | |
|-----|--|---|---|----------------------------|------------|--|---|
| | Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions. | | | | | | |
| | | No Yes. Fill in the details. | | | | | |
| | | me of Financial Institution and dress (Number, Street, City, State and ZIP le) | Last 4 digits of account number | Type of account instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | | you now have, or did you have within 1 h, or other valuables? | year before you filed fo | r bankruptcy, ar | ny safe de | posit box or other depos | itory for securities, |
| | | No Yes. Fill in the details. | | | | | |
| | | me of Financial Institution dress (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, S State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy? No Yes. Fill in the details. | | | | | | |
| | | me of Storage Facility dress (Number, Street, City, State and ZIP Code) | Who else has or to it? Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Pai | rt 9: | Identify Property You Hold or Control | for Someone Else | | | | |
| 23. | Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone. | | | | | | |
| | | No | | | | | |
| | | Yes. Fill in the details. | | _ | | | |
| | | /ner's Name dress (Number, Street, City, State and ZIP Code) | Where is the proj (Number, Street, City, S Code) | | Describe | the property | Value |
| Pai | rt 10: | Give Details About Environmental Inf | ormation | | | | |
| For | the p | ourpose of Part 10, the following definiti | ons apply: | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | Site means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites. | | | | | | |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | | |
| Rep | ort a | II notices, releases, and proceedings th | at you know about, reg | ardless of when | they occu | urred. | |
| 24. | Has | any governmental unit notified you tha | t you may be liable or p | otentially liable | under or i | in violation of an environ | mental law? |
| | | No No Ellin de decelle | | | | | |
| | Ц | Yes. Fill in the details. | | | | | |

Name of site

Address (Number, Street, City, State and

Governmental unit

ZIP Code)

Address (Number, Street, City, State and ZIP Code)

Date of notice

Environmental law, if you

know it

Case 16-16196 Doc 1 Filed 05/12/16 Entered 05/12/16 16:49:07 Document Page 40 of 54 ase number (if known) Debtor 1 Shirley Whiting- Bolling-Strong 25. Have you notified any governmental unit of any release of hazardous material? Yes. Fill in the details. Name of site Environmental law, if you Date of notice Governmental unit Address (Number, Street, City, State and ZIP Code) Address (Number, Street, City, State and know it ZIP Code) 26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. No Yes. Fill in the details. Case Title Court or agency Nature of the case Status of the Case Number Name case Address (Number, Street, City, Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. **Business Name** Describe the nature of the business **Employer Identification number Address** Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. Nο Yes. Fill in the details below. Name **Date Issued Address** (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Shirley Whiting- Bolling-Strong Signature of Debtor 2 **Shirley Whiting- Bolling-Strong**

are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both.

Signature of Debtor 1 Date May 12, 2016 Date

Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

■ No

☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

■ No

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). Statement of Financial Affairs for Individuals Filing for Bankruptcy Official Form 107

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Case number (if known) Document

Debtor 1 Shirley Whiting- Bolling-Strong

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other

attorney and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section

726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. *Improper conduct by the attorney*. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. *Improper conduct by the debtor*. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$4,000.00
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00

toward the flat fee, leaving a balance due of \$4,000.00; and \$0.00 for expenses,

leaving a balance due for the filing fee of \$0.00

4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| Date: May 12, 2016 | · · |
|--|---|
| Signed: | |
| /s/ Shirley Whiting- Bolling-Strong | /s/ Glenda J. Gray |
| Shirley Whiting- Bolling-Strong | Glenda J. Gray |
| | Attorney for the Debtor(s) |
| Debtor(s) | |
| Do not sign this agreement if the amount | s are blank. Local Bankruptcy Form 23c |

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B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Shirley Whiting- Bolling-Strong | | Case No. | | |
|-------|---|---|---|---|---------------|
| | | Debtor(s) | Chapter | 13 | |
| | DISCLOSURE OF COMPE | NSATION OF ATTO | RNEY FOR DE | CBTOR(S) | |
| | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 compensation paid to me within one year before the filing be rendered on behalf of the debtor(s) in contemplation | ng of the petition in bankruptcy | , or agreed to be paid | to me, for services ren | dered or to |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | |
| | Prior to the filing of this statement I have received | | | 0.00 | |
| | Balance Due | | \$ | 4,000.00 | |
| 2. | \$310.00 of the filing fee has been paid. | | | | |
| 3. | The source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. | The source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. | ■ I have not agreed to share the above-disclosed comp | pensation with any other person | unless they are mem | pers and associates of r | my law firm |
| | | • | • | | |
| | ☐ I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na | | | | v firm. A |
| 6. | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | |
| | a. Analysis of the debtor's financial situation, and rende b. Preparation and filing of any petition, schedules, stat c. Representation of the debtor at the meeting of credit d. [Other provisions as needed] | tement of affairs and plan which ors and confirmation hearing, a | h may be required; and any adjourned hea | rings thereof; | |
| | Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho | ons as needed; preparation | emption planning; n and filing of moti | preparation and fil ons pursuant to 11 | ing of USC |
| 7. | By agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any dis any other adversary proceeding. | | | es, relief from stay a | actions or |
| | | CERTIFICATION | | | |
| | I certify that the foregoing is a complete statement of an ankruptcy proceeding. | y agreement or arrangement fo | or payment to me for re | epresentation of the del | otor(s) in |
| N | lay 12, 2016 | /s/ Glenda J. Gra | ау | | |
| Date | | Glenda J. Gray | | | _ |
| | | Signature of Attorn Law Office of Gl | | | |
| | | 223 W. Jackson | | | |
| | | Suite 1116 Chicago, IL 6060 | 16 | | |
| | | | 70 Fax: (312) 386-1020 |) | |
| | | ladylawgray@gn | | | |
| | | Name of law firm | | | |

United States Bankruptcy Court Northern District of Illinois

| In re | Shirley Whiting- Bolling-Strong | | Case No. | | |
|-------|---|---|------------|----|--|
| | | Debtor(s) | Chapter 13 | | |
| | VEI | RIFICATION OF CREDITOR MA | ATRIX | | |
| | | Number of 0 | Creditors: | 21 | |
| | The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge. | | | | |
| Date: | May 12, 2016 | /s/ Shirley Whiting- Bolling-Strong Shirley Whiting- Bolling-Strong Signature of Debtor | | | |

ARS National Services, Inc. P.O. Box 469100 Escondido, CA 92046-9100

Cap1/Carsn 26525 N Riverwoods Blvd Mettawa, IL 60045

Capital One Bank Usa N 15000 Capital One Dr Richmond, VA 23238

Cbna Po Box 769006 San Antonio, TX 78245

Cbna Po Box 6497 Sioux Falls, SD 57117

Cbna 1000 Technology Dr O Fallon, MO 63368

Citi Po Box 6241 Sioux Falls, SD 57117

Citibank P.O. Box 469100 Escondido, CA 92046-9100

Citimortgage Inc Po Box 9438 Gaithersburg, MD 20898

Comenity Bank/Carsons 3100 Easton Square Pl Columbus, OH 43219

Comenitycapital/Petlnd 4590 E Broad St Columbus, OH 43213

Hfc Po Box 1547 Chesapeake, VA 23327

Mcydsnb 9111 Duke Blvd Mason, OH 45040

Richland State Bank Po Box 338 Bruce, SD 57220

Rush University Medical Group 75 Remittance Dr Dept 1611 Chicago, IL 60675-1611

Springleaf Po Box 64 Evansville, IN 47701

Syncb/Jcp Po Box 965007 Orlando, FL 32896

Syncb/Sams Club Dc Po Box 965005 Orlando, FL 32896

Web Bank 215 S State St Ste 800 Salt Lake City, UT 84111

Wfds Po Box 1697 Winterville, NC 28590

Wffnatbank Po Box 94498 Las Vegas, NV 89193